

Michigan Department of State  
Third Party Testing Program

**THIRD PARTY DRIVER SKILLS TEST SITE APPLICATION**

Test organization name: \_\_\_\_\_

Test organization number: \_\_\_\_\_

Is this site owned by the test organization? ☐ Yes ☐ No \*(see LOA instructions below)

Name of property owner: \_\_\_\_\_

Address of test site: \_\_\_\_\_

Street Address

City

State

Zip Code

County: \_\_\_\_\_

**\*Letter of Authorization (LOA) Instructions**

If the test site listed above is not owned by the third party test organization, a letter of authorization must be submitted by the property owner granting permission for the test organization to conduct skills tests on the property.

**The typed LOA must contain:** Date, organization name, test site address, type of driver testing allowed and the name, title, phone number, and signature of the property owner. **The LOA must contain the following statement:**

***It is understood by all parties to this agreement that the use of this test site is to be provided without any discrimination.***

Test site phone number for the *TPT Statewide Listing*: ( )

Type(s) of driver skills tests conducted at the test site address listed above: (Check all that apply)

Automobile ☐ Bus ☐ Motorcycle ☐ Truck ☐

Rental vehicles available at this site: Auto ☐ Cycle ☐ Bus ☐ Truck ☐ None ☐

Basic control skills course layout: Painted lines ☐ Portable lines (cables) ☐ Both ☐

Test site surface type: Paved ☐ Not paved ☐ Both ☐

*I certify the test site information entered above is accurate and complete:*

X Date:

Organization Designated Representative Signature

MDOS USE ONLY (Must be completed before site approval)	Approved Yes	No	Filed	N/A	BCS Course Location Description/Comments
Letter of authorization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Primary automobile route sheet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Alternate automobile route sheet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Primary CDL route sheet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Alternate CDL route sheet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BCS course layout and photograph	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Inspection type: Preliminary <input type="checkbox"/> Final <input type="checkbox"/>	Testing approved: AUTO <input type="checkbox"/> CDL <input type="checkbox"/> CY <input type="checkbox"/>				
Inspector Name:	Date:				Test Site No.: